

FILED MAY 12 1947

1000

612

Registration District No. 42

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community All of his life years, months or days)

3. (a) PRINT FULL NAME ASA Ira Waltrip

3. (b) If veteran, name war No
3. (c) Social Security No. 49-099720

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
7. (b) Name of husband or wife Sarah Inez Waltrip 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct. 6 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 0
If less than one day hr. min.

9. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Skilled Labor

11. Industry or business Skilled Labor

12. Name V. Waltrip

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Pierce

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant C.N. Waltrip

(b) Address 1622 Carter Lake Omaha Neb

17. (a) Burial (b) Date thereof 5-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stantbury

18. (a) Signature of funeral director Atony Phillips

(b) Address Stantbury

19. (a) 5-6-47 (b) P. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Stantbury
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 12 minute 08 P.M.

21. I hereby certify that I attended the deceased from 6-3-1947
to 5-6-1947
that I last saw him alive on 5-6-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Hypostatic
Due to Cardio Vascular Renal Disease
Duration 3 days

Due to Cardio Vascular Renal Disease
Duration 6 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature H. C. Lemie (M. D. or other)
Address 207 Pex Bldg St. Joseph Date signed 5-6-47
Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.
~~working under my personal supervision.~~

Signed

Katoy F. Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stapleton MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.